2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# L06000097833

Entity Name: NOVA BAY CAPITAL LLC

Current Principal Place of Business:

17693 SUMMERLAIN ROAD SUITE
1C
FT MYERS, FL 33908

New Principal Place of Business:

9131 SOUTHMONT COVE
UNIT 405
FT MYERS, FL 33908

Current Mailing Address:

17693 SUMMERLAIN ROAD SUITE
1C
FT MYERS, FL 33908

New Mailing Address:

9131 SOUTHMONT COVE
UNIT 405
FT MYERS, FL 33908

FEI Number: 20-5649023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUF, MATTHEW S
9131 SOUTHMONT COVE
UNIT 405
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATTHEW HAUF

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAUF, MATTHEW S
Address: 9131 SOUTHMONT COVE UNIT 405
City-St-Zip: FT MYERS, FL 33908

Title: MGRM (X) Delete
Name: LEWIS, JULIE A
Address: 9131 SOUTHMONT COVE UNIT 405
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATTHEW HAUF MR 10/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date